

ADAM WALSH STATE CONTACTS FOR CHILD ABUSE REGISTRIES

August 22, 2017

Requirements	States	
Own Form	AL, AZ, CO, CT, DC, FL, HI, ID, IL, IN, IA, KS, MD, MN, MS, MT, NE, NV, NM, NY, NC, ND, PA, PR, SC, SD, TN, TX, UT, VA, WA, WY	These states REQUIRE requests for information to be submitted on the forms they have developed. Links to forms or websites are provided.
Notary	AR, AZ, CO, DC, MD, MT, NE, NH, MA, NM, NY, SC, SD, TN, TX, VA	Best to use their form.
Witness	AL, MS, NE, RI, SC, TX	SC will accept notary or witness, TX requires both.
Fee	CA - \$15, CO - \$28 ID - \$20, MN - \$20, PA - \$8, RI - \$10, SC - \$8, VA - \$10, WA-\$20, WY - \$10	Processing fees are reimbursable under Title IV-E administrative expenses.
Original Sig.	CA, CO, DC, MD, NJ, NY, NC, SC, SD, TX, WV, WY, Guam	
Picture ID	AK, UT	
State	Contact Information	Procedures / Forms
Alabama	<p>CAN Central Registry Office of Child Protective Services Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000</p> <p>Phone: (334) 353-3477 Fax: (334) 242-0939</p> <p>Contact: Harold Brown, Supervisor Email: harold.brown@dhr.alabama.gov</p>	<p>Form: DHR-FCS-1598 CAN Central Registry Clearance Form Required? Yes</p> <p>Visit the web site below or call central clearinghouse (334) 242-9500 for forms and instructions</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: no</p> <p>Web: www.dhr.alabama.gov</p>
Alaska	<p>Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99051</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p> <p>Contact: Ken Saucier or Anna Peratrovich at (907) 269-0329</p> <p>Email: Kenneth.Saucier@Alaska.gov</p>	<p>Form: 06-9437 LIC Clearance Form - Confidential Go to: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</p> <p>Form Required? Yes– need a photo ID</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email or fax</p> <p>Fee: no</p> <p>*Allow 30 days for response</p>
Arizona	<p>Arizona Dept. of Child Safety Office of Licensing & Regulation Background Investigation Unit P.O. Box 6030, Site Code 10-20 Phoenix, AZ 85005-6030 E-mail: DCYFCentralRegistryCheck@azdes.gov</p> <p>Phone: (602) 364-4255</p>	<p>Form: CSO-1131A DCYFCentralRegistryCheck@azdes.gov email.</p> <p>Form Required? Yes</p> <p>Notary cannot be on separate form</p> <p>Signed release required? Yes, Fee: no</p> <p>Methods of transmission: E-mail</p>

Updates to the information listed should be directed to: Lynnette.White-Bowen@DSS.CA.GOV

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<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Adam-Walsh>

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Arkansas	<p>Arkansas Child Maltreatment Central Registry P. O. Box 1437, Slot S 566 Little Rock, AR 72203</p> <p>Phone: (501) 682-0404 or 682-8760 Fax: (501) 682-0407 Attn: John Lowden</p>	<p>Form: Authorization for Release of Confidential Information</p> <p>Send Arkansas form and standard cover letter on letterhead</p> <p>Form Required? No</p> <p>Signed release required? Yes and notarized</p> <p>Methods of transmission: Fax preferred</p> <p>Fee: No</p>
California	<p>California Dept. of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203-3870</p> <p>Phone: (916) 227-3285 Fax: (916) 227-4094</p> <p>CACI-Inquiry@doj.ca.gov</p>	<p>Form: Yes - BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies</p> <p>Form Required? Yes CA Form CA Instructions</p> <p>Signed release required? Yes – as instructed in link above.</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$15 Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>CA DOJ Website More info on DSS Adam Walsh Website: CDSS Adam Walsh</p>
Colorado	<p>NEW ADDRESS EFFECTIVE 5/11/2015</p> <p>CDHS Background Investigation Unit 1575 Sherman Street, Ground Fl. Denver, CO 80203 Phone: (303) 866-7436 or 866-4614</p> <p>Contact: Shauna Snider</p>	<p>Form: BIU Individual Inquiry Form (do not use the facility form)</p> <p>Form Required? YES</p> <p>Go to web site for form: http://www.coloradoofficeofearlychildhood.com/#!/biu/c1wjw</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: EFFECTIVE 11/16/2015, \$28.00 made payable to CDHS, BIU, Records and Reports. Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
Connecticut	<p>Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106</p> <p>Phone: (800) 842-2288 Phone: (860) 560-7000 Fax: (860) 560-7070</p> <p>Contact: Gloria Jeter Email: gloria.jeter@ct.gov</p>	<p>Form: Authorization for Release of Information for DCF CPS Search</p> <p>Form Required? Yes</p> <p>Go to: http://www.ct.gov/DCF/cwp/view.asp?a=2639&Q=548372#Background</p> <p>CPS: Background Search Release Form #3033</p> <p>Signed release required? Yes, see instructions at website link</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>Website</p>

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Delaware	<p>Department of Services for Children, Youth & Their Families 3411 Silverside Road Wilmington, DE 19810</p> <p>Phone: (302) 892-5800 Phone: (800) 292-9582 Fax: (302) 633-5191</p> <p>Contact: Beth Kramer</p>	<p>Form: Consent to Release Child Protection Registry Information. Go to: DE Form</p> <p>Form Required? No. Print form on letterhead. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006.</p> <p>Signed release required? Yes Methods of transmission: Mail or fax</p> <p>Fee: No</p> <p>Website:</p>
District of Columbia	<p>Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003</p> <p>Phone: (202) 727-8885 Fax: (202) 727-8040</p>	<p>Form: Child Protection Register Check Application</p> <p>Form Required? Yes Fee: No</p> <p>Signed release required? Yes and notarized</p> <p>Method of transmission: Mail only, original signature required</p> <p>Website: cfsa@dc.gov</p>
Florida	<p>Department of Children & Families Office of Child Welfare Building 6, 4th Floor 1317 Winewood Blvd. Tallahassee, FL 32399</p> <p>Phone: (850) 487-6053 Fax: (850) 487-6064 Contact Keycee Marshall Email: adamwalsh.requests@myflfamilies.com</p>	<p>Form: FAH form 1651a Go to: Florida's Website Form Required? Yes.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, fax or e-mail</p> <p>Fee: No</p> <p>Website:</p>

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Georgia	<p>DHS, DCFS Attn: Child Protective Services Screening Unit 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303</p> <p>For questions send e-mail to: customer_services_dfcs@dhs.ga.gov (underscore between customer and services and services and dfcs)</p>	<p>Georgia's Child Protective Services History Child protective services historical information remains in the Georgia SHINES data system. Obtaining information from this system is governed by O.C.G.A. Section 49-5-41. This statute requires the agency to share information with local, state or federal governmental entities which are performing their obligations to protect children from abuse or neglect.</p> <p>Child Protective Services History Requests are provided to the following: A State/Tribal Child Welfare Agency or Governmental Entity</p> <p>To an investigator appointed by a court of competent jurisdiction in this state (Georgia Superior Court) to investigate a pending petition for adoption.</p> <p>FORM: YES</p> <p> CPS SCREENING REQUEST FORM 2017.</p> <p>*Submit a request on agency letterhead to include all identifying information for the individual to be screened.</p> <p>Under Georgia law, there is no direct method by which a private child welfare agency can obtain CPS information for private foster and adoptive families.</p> <p>Click here to submit a Child Protective Services History Request georgiaadamwalshcheck@dhs.ga.gov</p>
Guam	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue, #309 Hagatna, Guam 96910 Phone: (671) 475-2653/2672 Fax: (671) 477-0500 Email: Linda.rodriquez@dphss.guam.gov</p>	<p>Form: No Form Required? No. Print request for information on letterhead.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Will accept email or Fax to expedite process, but requires original form by mail to release information</p> <p>Fee: No</p>
Hawaii	<p>Oahu Child Welfare Services Section 3 Attn: Tonia Mahi 420 Waiakamilo Road, #300A Honolulu, HI 96817</p> <p>Phone: (808) 832-0609 Fax: (808) 832-0628</p>	<p>Form Required? Yes. Go to: HI Form</p> <p>Methods of transmission: Mail original consent forms.</p> <p>Fee: No</p> <p><u>Website:</u> http://humanservices.hawaii.gov/ssd/backgroundcheck/</p>

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Idaho	<p>Idaho Department of Health & Welfare Criminal History Unit 1720 Westgate Drive, Ste. A Boise, ID 83704</p> <p>Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov</p> <p>Contact: Fernando Castro, Program Supervisor Email: castrof@dhw.idaho.gov</p>	<p>Website: https://chu.dhw.idaho.gov</p> <p>Form: The form found on the website is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics.</p> <p>Go to: Instructions</p> <p>Is the Form Required? Yes.</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov</p> <p>Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request. Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
Illinois	<p>Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Fax: (217) 782-3991 Attn: SCR PCU</p> <p>Contact: SCR PCU Phone: (217) 557-0758</p> <p>Email: cfs689background@illinois.gov</p>	<p>Form: CFS 689 Authorization for Background Check www.state.il.us/dcfs</p> <p>Form Required? Yes (unless for child protective service investigation) Send as PDF format</p> <p>Signed release required? Yes (unless for investigation)</p> <p>Methods of transmission: Mail, fax or email Please specify on the subject line as: Out-of-State Child Welfare</p> <p>Fee: No</p>
Indiana	<p>Indiana Dept. of Child Services Background Check Unit 302 W. Washington Room E306-MS08 Indianapolis, IN 46204</p> <p>Phone: (317) 234-5002 Fax: (317) 234-4633</p> <p>Contact: Scott Hood Email: Background.CheckUnit@dcs.IN.gov</p>	<p>Form: Yes 52802 (R5/8-13)/CW2128 (complete form on-line) http://www.in.gov/dcs/3740.htm form name is actually "Indiana Request for Child Protective Service (CPS) History Check"</p> <p>Form Required? Yes – Be sure to use current form. Always include maiden and <u>all</u> married names for female applicants. If you have not received a response, please call – <u>do not</u> send second request. Information will only be provided to CA Social Services.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: E-mail, Fax or mail</p> <p>Fee: No</p>
Iowa	<p>Iowa Central Abuse Registry Iowa Dept. Of Human Services 1305 E. Walnut, 5th Floor, Hoover Building Des Moines, IA 50319</p> <p>Phone: (515) 362-7404 Fax: (515) 564-4112 Email: DHSAbuseRegistry@dhs.state.ia.us</p> <p>Contact: Linda Chagoya</p>	<p>Form: 470-0643 Request for Child Abuse Information Go to: WWW.DHS.IOWA.GOV</p> <p>Form Required? Yes http://dhs.iowa.gov/sites/default/files/470-0643.pdf</p> <p>Signed release required? No</p> <p>Methods of transmission: Email is preferred; placing the word "confidential" in the subject line will ensure messages travel as appropriate through our security filter. Fax is ok too.</p> <p>Fee: No</p>

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Kansas	<p>Kansas Dept. of Children & Families/PPS 555 S. Kansas Ave., 4th Floor Topeka, KS 66603</p> <p>Phone: 785.246-7961 or 785.296-4377 Fax: (866) 317-4279</p> <p>Contact: Child Abuse/Neglect Central Registry Email: centralregistry@dcf.ks.gov</p>	<p>Form: PPS1011 Child Abuse and Neglect Registry Release of Information Rev. 7/2015 Go to: KS Form Form Required? Yes</p> <p>Signed release required? No</p> <p>Methods of transmission: Email preferred if no payment required Fax accepted if no payment required Mail only if submitting payment</p> <p>Fee: No fee for state agencies, all others must pay \$10 per form</p> <p><u>Website:</u></p>
Kentucky	<p>Cabinet for Health & Family Services Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: (502) 564-3834 Fax: (502) 564-9554</p> <p>Contact: Cora Thompson Email: cora.thompson@ky.gov</p>	<p><u>Foster and Adoptive Parent Applicants</u> <u>Form- No form required.</u> Type your request on your agency letterhead. Include reason for your request, applicant(s) full name, maiden name (if applicable), date of birth, and full social security number. Agency representative needs to sign the request letter.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail, fax, or email</p> <p>Fee: No</p> <p>http://chfs.ky.gov/dcbs/adamwalshforms.htm</p> <p>For Employment/Volunteer Background Checks, contact Erika Bauford</p>
Louisiana	<p>Louisiana Department of Children and Dept. of Children & Family Services - CW Attention CPS Intake P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: 225-342-1554 Fax: 225-342-3480 Mona Michelli, Section Administrator</p> <p>Email: DCFS.ChildProtectiveServices@LA.GOV</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead. Include Name, Aliases; DOB; SSN; Race/Ethnicity, Last Known Address in Louisiana.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Email (preferred), Fax, or Mail</p> <p>Fee: No</p> <p>http://www.dcss.louisiana.gov</p>
Maine	<p><i>DHHS, Office of Child & Family Services Child Protective Intake Unit 2 Anthony Avenue, SHS #11 Augusta, ME 04333</i></p> <p><i>Phone: (800) 452-1999 ext. 2 Contact: Child Protective Intake Fax: (207) 287-5065</i></p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead.</p> <p>Signed release required? No</p> <p>Methods of transmission: Mail or fax</p> <p>Fee: No</p>
Maryland	<p>Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201</p> <p>Contact Center Verification for Foster Care Phone: (800) 332-6347 or (410) 767-7112</p>	<p>Form: DHR/SSA 1279A Consent for Release of Information/Background Clearance Request</p> <p>Form Required? Yes, go to: http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearances%20Form.pdf</p> <p>Signed release required? Yes and notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No</p>

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Massachusetts	<p>Massachusetts Dept. of Children & Families Attn: CORI Unit 600 Washington Street, 6th Floor Boston, MA 02111</p> <p>Phone: (617) 748-2079 Toll Free: (800) 792-5200 Fax: (617) 439-9027</p> <p>Contact Claudel Francoeur Email: claudel.francoeur@massmail.state.ma.us</p>	<p>Form: yes Go to: http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html Signed release required? Yes and notarized.</p> <p>Methods of transmission: MAIL ONLY and include a SASE</p> <p>Fee: No</p>
Michigan	<p>Michigan Dept. of Health & Human Services Division of Child Welfare Licensing P.O. Box 30650 Lansing, MI 48909</p> <p>Phone: (269) 337-5237 Fax: (517) 284-9719</p>	<p>Form: No</p> <p>Form Required? No. Print request on letterhead & include following: reason for request, family names, DOB, SS#</p> <p>Signed release required? No</p> <p>Methods of transmission: FAX</p> <p>Fee: No</p> <p>Website</p>
Minnesota	<p>Minnesota Department of Human Services Background Studies Unit P.O. Box 64242 St. Paul, MN 55164-0242</p> <p>Phone: (651) 431-6603 Fax: (651) 297-1490</p> <p>Contact: Lori Steffan or Stephan Sarumi</p>	<p>Form: Consent/Authorization for Release of Information from Minnesota Child Abuse and Neglect Registry Form Required? Yes</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail</p> <p>Fee: \$20 to Minn. Dept. of Human Services, Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p> <p>Website</p>
Mississippi	<p>Dept. of Human Services Protection Unit P. O. Box 352 Jackson, MS 39205-0352</p> <p>Toll-Free: (800) 222-8000 Phone: (601) 359-4487 Fax: (601) 576-2584</p>	<p>Form: Specified format required – request example call contact #</p> <p>Signed release required? Yes, with witness</p> <p>Methods of transmission: Mail, include SASE or send e-mail to mscentralregistry@mdcps.ms.gov</p> <p>Fee: No</p>
Missouri	<p>Missouri Department of Social Services Children's Division P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: (573) 751-2330 Fax: (573) 751-2607</p> <p>Contact: Sara Smith. Background & Screening Unit Email: Sara.E.Smith@dss.mo.gov</p>	<p>Form: See Website</p> <p>Form Required? Yes.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email or fax</p> <p>Fee: No</p> <p>Website : http://www.mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/crimRecChk.html (SHP-159)</p>

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Montana	<p>Montana Child & Family Services Division <u>Records Request</u> PO Box 8005 Helena, MT 59604-8005</p> <p>Phone: (406) 841-2400 Fax: (406) 841-2487</p>	<p>Form: Go to website. Form #DPHHS-CFS/LIC018</p> <p>Form Required? Yes Signed release required? Yes & notarized</p> <p>Methods of transmission: Mail (if requesting by mail send SASE) or fax Fee: No Website</p>
Nebraska	<p>Nebraska Health & Human Services Division of Children & Family Services P.O. Box 95026 Lincoln, NE 68509-5026 Phone: (402) 471-9272 Fax: (402) 742-2344 E-mail: dhhs.cfscentralregistry@nebraska.gov Contact: CPS Central Registry</p>	<p>Form: Yes, see Website for instructions Signed release required? Yes Methods of transmission: Mail, fax and E-Mail Fee: No http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx</p>
Nevada	<p>Nevada Central Registry Nevada Division of Child & Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706</p> <p>Contact: Bruce Cole (775) 684-7941 Email - DCFS-CANS@dcfs.nv.gov</p>	<p>Form: FPO 0515: Request for Child Abuse/Neglect Screening Go to: http://dcfs.nv.gov/uploadedFiles/dcfsvnv.gov/content/Forms/FPO_FPO_0515A_Request_for_ChildAbuseAndNeglectScreening.doc</p> <p>Form Required? Yes</p> <p>Signed release required? No (signed release required for Employer requests only)</p> <p>Methods of transmission: E-mail</p> <p>Fee: No</p>
New Hampshire	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301 Phone: (603) 271-8383</p> <p>Fax: (603) 271-4729</p> <p>Contact: Susan Hallett-Cook</p>	<p>Form: 2202A Central Registry Name Search Authorization Release of Information to Third Party Go to: http://www.dhhs.nh.gov/hr/documents/registry.pdf Form Required? Yes</p> <p>Signed release required? Yes - Notarized</p> <p>Methods of transmission: Mail ,original required, include SASE</p> <p>Fee: No</p> <p>Website</p>
New Jersey	<p>Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: (609) 888-7711 Toll-Free: (877) 667-9845 Contact: Judith Williams</p>	<p>Form: Yes Form Required: CHILD ABUSE RECORD INFORMATION FORM. See New Jersey Website for instructions.</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, original signature required, include SASE</p> <p>Fee: No</p> <p>Website</p>

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New Mexico	<p>CYFD Protective Services CRC Unit Room 225 PO Drawer 5160 Santa Fe, NM 87502</p> <p>Phone: (505) 827-8400 Contact: Ask for CRC Unit</p>	<p>Form: Yes – Abuse & Neglect Check for Prospective Foster/Adoptive Parents Form Required? Yes, go to website for form Signed release required? Yes – Notary Required</p> <p>Methods of transmission: Mail - Original Signature Fee: No Website: https://cyfd.org/for-providers/info-and-manuals E-mail: CYFD.PSCriminalReco@state.nm.us</p>
New York	<p>Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Form Info: (518) 474-5297 Phone: (800) 342-3720 Fax: (518) 486-3424</p> <p>Contact: Roberta Frederick</p>	<p>Form: Adam Walsh Authorization for Request for Information Form Required? Yes – NY Form Type Adam Walsh in search field Signed release required? Yes - notarized</p> <p>Methods of transmission: Mail only, original required Fee: No Website:</p>
North Carolina	<p>N.C. Division of Social Services 820 S. Boylan Ave., MSC 2408 Raleigh, North Carolina 27699-2408 Attn: RIL</p> <p>Fax: (919) 715-6714 Contact: Child Welfare Policy Section Phone: (919) 527-6340</p>	<p>Form Required? Yes, DSS-5268 Form: NC Form Instructions: Website</p>
North Dakota	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250</p> <p>Phone: (701) 328-1846 Fax: (701) 328-0358 Contact: Tara Reed Email: dhsfcscbc@nd.gov</p>	<p>Form: SFN 433 Child Abuse and Neglect Background Inquiry ND Form Form Required? Yes Signed release required? Yes, part of SFN 433 Methods of transmission: Faxed, E-mailed, or mailed Fee: No Website</p>
Ohio	<p>Ohio Dept. of Job & Family Services Office of Families & Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: (614) 752-1298 (866) 635-3748 OPTION 2 Fax: (614) 728-6726</p> <p>Contact: Barbara Parker Email: Barbara.Parker@jfs.ohio.gov Janice Blue Email: Janice.blue@jfs.ohio.gov</p>	<p>Form: No Methods of transmission: E-mail to Barbara Parker, fax or US Mail. E-mail transmission is preferred. <input type="checkbox"/> Request must be submitted on the agency letterhead. <input type="checkbox"/> Request must state that searches are required for the Adam Walsh Child Protection and Safety Act of 2006 (or AWA) and the subject of the searches previously resided in Ohio. <input type="checkbox"/> Note the specific reason searches are required; e.g., prospective foster parent or applicant for a U.S. adoption. <input type="checkbox"/> Request should state the full names of individuals requiring searches, including maiden or other names used; date of birth, Social Security Number and, optionally, home address while living in Ohio. Signed release required: No Fee: No Website: http://jfs.ohio.gov/ocf/childprotectiveservices.stm</p>

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Oklahoma	<p><u>Request Processing Worker</u></p> <p>David Burgess</p> <p>OK Department of Human Services Children & Family Services Division Attn: David Burgess PO Box 25352 Oklahoma City, OK 73125</p> <p>Office: (405) 522-4051 Fax: (405) 521-4373</p> <p>Email: Laurie.Morris@okdhs.org</p> <p><u>Request Processing Supervisor</u></p> <p>Charlotte Kendrick LCSW Program Administrator-Protection & Prevention OKDHS - Child Welfare Services</p> <p>Office: (405) 521-3811</p> <p>Email: Charlotte.Kendrick@okdhs.org</p>	<p>Form: Requesting Agency Letterhead Signed Release Required? No</p> <p>Method of Transmission: Preferred Email – caniscps@okdhs.org Other – FAX 405-521-4373</p> <p>Requests must be made by email to caniscps@okdhs.org, or fax to 405-521-4373 and should include the purpose of the request, names/identifying information of family members for which history is being requested, and a return email address and fax number. <u>Please DO NOT EMAIL THE REQUEST DIRECTLY TO THE PROCESSING WORKER'S PERSONAL EMAIL AS IT WILL NOT BE RESPONDED TO.</u></p> <p>Requests may take up to four to six weeks to process.</p> <p>Specific case scenarios that require a more expedient response must be justified in the request.</p> <p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information. Furthermore, per Social Security Act, 42 U.S.C. § 671 once a State has verified that another State does not maintain a CAN registry, the requesting State is not required to keep making requests to that State to make a registry check. States that do not maintain a CAN registry are not required by section 471(a)(20)(C)(ii) of the Social Security Act to provide child abuse and neglect information to a requesting State on adult members of a prospective foster or adoptive parent's home.</p>
Oregon	<p>Oregon Department of Human Services - Background Check Unit P.O. Box 14870 Salem, OR 97309-5066</p> <p>Fax: (503) 378-6314 Attn: Adam Walsh Coordinator</p> <p>Email: Adam-Walsh.Oregon@state.or.us</p>	<p>Form Required? No. Signed release required? No</p> <p>Put request on agency letterhead. Include the full name, maiden name, any other akas of each applicant, their gender, DOB, SS#, reason for request: adoption or foster. Requests should state that the information is required to comply with the Adam Walsh Child Protection and Safety Act of 2006</p> <p>You may email your request to Adam-Walsh.Oregon@state.or.us attach the letterhead document.) The results will be securely emailed back.</p> <p>Methods of transmission: Email, fax or mail</p>

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Pennsylvania	<p>ChildLine & Abuse Registry Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170</p> <p>Phone: (717) 783-4571 Toll-Free: (877) 371-5422</p> <p>Contact: Out of State Clearance Unit Email: RA-PWCHILDLINEOOS@pa.gov</p>	<p>Form: The Pennsylvania Child Abuse History Clearance (CY113) form can be found at http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm. An online request can also be submitted at https://www.compass.state.pa.us/CWIS.</p> <p>Release form: No specific form is available but the agency must submit an authorization/release of information form in order to receive information on out of state requests. Typically, the agency requesting the out of state interpretation will supply this form.</p> <p>Fee: \$8 payable to the Department of Human Services for the PA Child Abuse Clearance. Additional fees may apply as required by other states.</p> <p>Method of Transmission:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For a PA Child Abuse Clearance by walk-in, mail or online only. <input type="checkbox"/> For Out of State requests walk-in and mail only. Questions can be directed to the RA-PWCHILDLINEOOS@pa.gov email account. <p>More information about Pennsylvania Child Abuse Clearances can be found on www.keepkidssafe.pa.gov.</p>
Puerto Rico	<p>Directora Centro Estatal PO Box 11398 San Juan, PR 00910-1398 Phone: (787) 625-4900 ext 1720 Contact: Wilda Moctezuma OR Damaris Medina E-Mail wmoctezuma@familia.pr.gov Or DMedina@familia.pr.gov</p>	<p>Form: Yes Form Required? Yes (located at the bottom of this document) Signed release required? No</p> <p>Methods of transmission: wmoctezuma@adfan.pr.gov Fee: No Not clear if there is a registry for child abuse. There is a sexual offender registry</p>
Rhode Island	<p>Rhode Island State Central Registry & Child Abuse Hotline DCYF 101 Friendship St, 2nd Floor Providence, RI 02903 Phone: (800) 742-4453 (401) 528-3842 Fax: (401) 528-3480 Contact: Jan Mitchell Email: Janice.mitchell@dcyf.ri.gov</p>	<p>Form: No Form Required? Request on state letterhead</p> <p>Signed release required? Yes, and witnessed</p> <p>Methods of transmission: US mail only</p> <p>Fee: \$10.00 make check payable to: General Treasurer, State of Rhode Island Website</p>
South Carolina	<p>South Carolina Department of Social Services Central Registry P.O. Box 1520 Columbia, SC 29202-1520 Phone: (803) 898-7318 Fax: (803) 898-7641 Contact: Portia T. Hawkins or Louise Cooper Email: portia.hawkins@dss.sc.gov louise.cooper@dss.sc.gov</p>	<p>Form: DSS Form 3072 Consent to Release Information Go to: SC Form Form Required? Yes.</p> <p>Signed release required? Yes, witnessed or notarized</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$8 Website: www.state.sc.us/dss</p>

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South Dakota	<p>Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501-2291 Phone: (605) 773-3227 FAX: (605) 773-6834 Contact: Nicole LeBeau Email: nicole.lebeau@state.sd.us</p>	<p>Form: Yes. Contact by phone for instructions. Form Required? Yes</p> <p>Signed release required? Yes, witnessed and notarized</p> <p>Methods of transmission: Mail, original required Fee: No</p>
Tennessee	<p>Tennessee Dept. of Children's Services UBS Tower, 7th Floor (Due Process Procedure) 315 Deaderick Street Nashville, TN 37243</p> <p>Contact: Larry Phillips Phone: (615) 532-9856</p>	<p>Form: Yes Form Required? Yes Signed release required? Yes A copy of the person's signed "authorization to release information" specifically stating information is to be released from Tennessee Department of Children's Services to your agency. NOTE: This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Department of Children's Services) to "release" any CPS history information to "you".</p> <p>Send a cover letter on your agency's letterhead briefly stating the reason you are requesting a central registry search. Methods of transmission: E mail ONLY: EI_DCS_CPS_CentralRegistryCheck@tn.gov (Note: if typed, spaces are underscored) In the subject line enter Out of State Request along with applicant's first initial and last name. Fee: No Website ctrl click and then search for Form CS-0741. Complete form and send in Word format.</p>
Texas	<p>Texas Department of Family & Protective Services Centralized Background Check Unit PO Box 149030 Mail Code 121-7 Austin, TX 78714-9030 1-800-645-7549 Fax: (512) 339-5871</p> <p>Contacts: 1-800-645-7549</p>	<p>Form: 2970 Request for Child Abuse/Neglect Central Registry, use revised form dated September 2016. Form Required? Yes</p> <p>Signed release required? Yes, witnessed AND notarized</p> <p>Please Notice: DFPS Centralized Background Check Unit (CBCU) now accepts Central Registry requests electronically. Requestors can scan/email the 2970 form directly to: TXAbuseNeglectBGC@dfps.state.tx.us or fax to: (512) 339-5871. If you have questions or are seeking the status of a check, you can utilize the email address or call the Support Line (1-800-645-7549). CBCU will continue to accept the 2970 by regular mail, as well. Requestors should access the most current form by going to the DFPS website and searching for the 2970 form, found here: http://www.dfps.state.tx.us/site_map/forms.asp IF this request is for a CPS investigation: SWI (Statewide Intake), takes requests like these. The caseworker needs to put their request on their state agency's letterhead and fax it to: 800-647-7410. The letterhead should include as much identifiers as possible on the subjects of the BGC, including any prior addresses. SWI can be reached at 1-800-252-5400 Fee: No Website</p>

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Utah	<p>Division of Child & Family Services Department of Human Services Attn: Background Screening 195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: (801) 538-4466 Fax: (801) 538-3993</p> <p>Contact: Cherri Joy Email: dcfscentralregistry@utah.gov</p>	<p>Form: http://dcfs.utah.gov/pdf/forms/InformedConsent.pdf NEW FORM REVISED JANUARY 2016</p> <p>Form Required? Yes ID Needed: Client driver's license or passport</p> <p>Signed release required? Yes Methods of transmission: Mail, fax or e-mail, also include a copy of the person's picture identification Fee: No Website</p>
Vermont	<p>Child Abuse Registry Unit DCF/Family Services Division 103 South Main Street, Osgood 3 Waterbury, VT 05671-2401</p> <p>Phone: (802) 541-0873 Fax: (802) 241-3301</p> <p>Contact: JoAnn Berno Email: JoAnn.Berno@vermont.gov</p>	<p>Form: YES, Website</p> <p>Signed release required? Yes, and must be Notarized</p> <p>Methods of transmission: U.S. Mail, include SASE</p> <p>Fee: No</p>
Virginia	<p>Virginia Dept. of Social Services Child Abuse Central Registry Unit OBI Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219-2901 Phone: (804) 726-7567 Toll-Free: (800) 552-7096 Fax: (804) 726-7897 Contact: Betty Whittaker, Central Registry Supervisor Email: betty.whittaker@dss.virginia.gov</p>	<p>Form: 032-02-0151-12 Central Registry Release of Information Form Go to: www.dss.virginia.gov Form Required? Yes Signed release required? Yes, and notarized (complete Certification section of form and attach notary form) Methods of transmission: Original signature required, mail only</p> <p>Fee: Yes - \$10 (EFFECTIVE 08/18/2015) Website:</p>
Virgin Islands	<p>Department of Human Services Children & Family Services Division Intake and Emergency Services Knud Hansen Complex 1303 Hospital Ground St. Thomas, VI 00802</p> <p>Phone: (340) 774-0930 ext 4393 Fax: (340) 774-0082</p> <p>Contact: Carla Benjamin, Administrator Email: carla.benjamin@gmail.com Janet Turnbull-Krigger, Administrator Email: turnbullkrigger@yahoo.com</p>	<p>Form: No, Place request information on letterhead</p> <p>Signed release required? No</p> <p>Method of transmission: email</p> <p>Fee: no</p>
Washington	<p>DSHS Children's Administration, FISCAL NCIC Access Unit Central Intake Office Attn: CAN History Check PO Box 45710 Olympia, WA 98504-5710 Phone: (800) 562-5624 Fax: (206) 341-7930</p> <p>Contact: Lucy McCornell</p> <p>Email: CANhistorychecks@dshs.wa.gov</p>	<p>Form: https://www.dshs.wa.gov/ca/child-safety-and-protection/child-abuse-and-neglect-information-requests-other-states</p> <p>Form Required? Yes and TYPED</p> <p>Signed release required? Yes</p> <p>Methods of transmission: Mail, email and fax</p> <p>Fee: \$20.00</p>

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West Virginia	<p>West Virginia Department of Health & Human Resources 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: (304) 558-4408 Toll-Free: (800) 352-6513 Fax (304) 558-5354</p> <p>Contact: Cher O'Brien Email: fc697@wvdhhr.org</p>	<p>Form: BCF-PSRC Authorization and Release for Protective Services Record Check Go to: WV Form Form Required? Yes New FORM and New INSTRUCTIONS effective 3/1/2014 Signed release required? Yes, require original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: No Website:</p>
Wisconsin	<p>Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703</p> <p>E-Mail Address: CWBckgrdRequests@wisconsin.gov</p> <p>Fax: (608) 226-5521</p>	<p>Form: http://dcf.wisconsin.gov/forms/doc/5065.doc Form Required? YES Signed release required? Yes</p> <p>Methods of transmission: E-Mail or fax Fee: Not at state level but counties may charge a fee No Central Registry Website</p>
Wyoming	<p>Department of Family Services 2300 Capitol Ave. 3RD Floor Cheyenne, WY 82002</p> <p>Phone: (307) 777-8538 Fax: (307) 777-3693 Contacts: Stephanie Knowles (307) 777-5894 OR Heidi Teasley (307) 777-5491 Email: stephanie.knowles@wyo.gov heidi.teasley@wyo.gov</p>	<p>Form: SS-26EX Application for Child Abuse/Neglect and Adult Central Registry Screens and Wyoming Criminal History Record Prescreens https://docs.google.com/a/wyo.gov/viewer?a=v&pid=sites&srcid=d3lvLmdvdxkZnN3ZWJ8Z3g6Y2ZkOGQ0YWM1OTBkNWFj</p> <p>Form Required? Yes, include all pages and a Self-Addressed Envelope</p> <p>Signed release required? Yes with original signature</p> <p>Methods of transmission: Original signature required, mail only</p> <p>Fee: \$10.00 (Waived for a state agency request) Website</p>

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Puerto Rico Form

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE LA FAMILIA
ADMINISTRACION DE FAMILIAS Y NIÑOS
CENTRO ESTATAL DE PROTECCION A MENORES
REGISTRO CENTRAL DE CASOS DE PROTECCION

SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO, MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Parte I: Para ser Completada por la Agencia o el Individuo Solicitante

Nombre de la Agencia o Individuo Solicitante		Apodo
Dirección Postal		
Dirección Residencial		
Número de Teléfono	Número de Fax	Correo Electrónico

Propósito de la Búsqueda:

- ☐ Adopción ☐ Adopción Privada ☐ Comunidad
☐ Cuidado Sustituto ☐ Patrono ☐ Otros: Especifique: _____
☐ Licenciamiento ☐ Servicios Interagenciales

Parte II: Complete la Información sobre la Persona de Quien se Hace la Búsqueda de Antecedentes: Datos de Identificación:

Nombre	Inicial	Apellidos
Fecha de Nacimiento (Día/Mes/Año)		Edad
Número de Seguro Social: XXX-XX-		Estatus Civil:

Género: ☐ F ☐ M

Dirección de los Últimos Cinco (5) Años:

Direcciones (Comenzando con la más reciente. Identifique Barrio, Sector, Urbanización, Núm. Calle, Número de Apartamento)	Desde Día-Mes-Año	Hasta Día-Mes-Año
Dirección 1:		
Dirección 2:		
Dirección 3:		
Dirección 4:		
Dirección 5:		

1

August 22, 2017

Ocupación del Solicitante: _____ Lugar Actual de Trabajo: _____
Lugar Anterior de Trabajo: _____

Datos de Identificación de los Miembros del Núcleo Familiar Actual: (Incluya nombres de: hijos/as propios/as, hijastros/as, hijos/as de crianza, aunque ya sean adultos/as y actualmente no vivan con usted)

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

Apellidos, Nombre (Adultos)	Fecha de Nacimiento			Edad	Sexo		Relación con el/la Solicitante
	Día	Mes	Año		M	F	
Apellidos, Nombre (Menores de 18 Años de Edad)							

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SOLICITUD DE BUSQUEDA DE ANTECEDENTES DE MALTRATO,
MALTRATO INSTITUCIONAL, NEGLIGENCIA Y NEGLIGENCIA INSTITUCIONAL

Certificación y Consentimiento:¹

Certifico que la información contenida en este formulario, es correcta y autorizo al Centro Estatal, Registro Central de Casos de Protección a Menores, a realizar los procedimientos correspondientes, basados en mi información personal, para certificar el resultado de la búsqueda de antecedentes de Maltrato, Maltrato Institucional, Negligencia y Negligencia Institucional.

_____ Nombre	_____ Firma	_____ Día-Mes-Año
_____ Nombre de Testigo de Firma	_____ Firma	_____ Día-Mes-Año

Autorizo que el resultado de esta búsqueda sea notificado a la Agencia o Individuo Solicitante (Parte I de esta Forma).

Nombre

Dirección

_____ Nombre	_____ Firma	_____ Día-Mes- Año
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LA/CMC/ldj
11/2010

¹ Se utilizará testigo de firma o marca cuando se refiere a persona que no sabe leer ni escribir, no vidente, audio/impedido u otro que requiera asistencia para hacer la solicitud.